

TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT

www.brooklinema.gov



Mechanical
Sheet Metal

APPLICATION FOR A PERMIT TO PERFORM **SHEET METAL / MECHANICAL** WORK

JOB SITE ADDRESS: _____ DATE: _____

OWNER NAME: _____ TEL: _____

OWNER ADDRESS: _____ CITY: _____ ZIP: _____

OCCUPANCY TYPE: COMMERCIAL ☐ RESIDENTIAL ☐ EDUCATIONAL ☐ OTHER ☐

NEW ☐ RENOVATION ☐ REPLACEMENT ☐ PLANS SUBMITTED: YES ☐ NO ☐

APPLIANCES-EQUIP.-FLRS→	Bsmnt	1	2	3	4	5	6	7	8	9	10	11	12	Attic	Exterior
BOILER/STEAM-HOTWATER-GAS															
BOILER/STEAM-HOT WATER-OIL															
CONVERSION BURNER															
FURNACE-HOT AIR-GAS															
FURNACE-HOT AIR-OIL															
DIRECT VENT HEATER															
AIR CONDITIONING															
ROOF TOP UNIT															
GENERATOR-GAS															
GENERATOR-DIESEL															
KITCHEN EXHAUST HOOD															
REFRIGERATION SYSTEM															
RADIANT HEAT															
HYDRO AIR SYSTEM															
MAKEUP AIR UNIT															
SHEET METAL/DUCTWORK															
OTHER															

EQUIPMENT/APPLIANCE SPECIFICATIONS:

Manufacturer _____ Model # _____ Capacity: (i.e.Tons / BTU's / KW) _____

PROJECT DESCRIPTION *Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A plot plan may be required. Rooftop units may require a Structural Engineer's review. Equipment that is visible from certain public ways and within a Historic District will require additional approvals of the Planning Board and/or Preservation Commission.

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all work and installations performed under the permit issued for this application will be in compliance with all Pertinent provisions of the Massachusetts State Building Code, IMC and all laws/bylaws/regulations of the Town of Brookline.

SIGNATURE _____ DATE _____

INSTALLER NAME: _____ INSTALLING COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

LICENSE #: _____ LICENSE TYPE: _____ EXP DATE: _____ TELE: _____

****THIS SECTION OFFICIALS USE ONLY****

ESTIMATED COST: _____ PERMIT FEE: _____ RECEIPT #: _____

ISSUED BY: _____ DATE ISSUED: _____ PERMIT #: _____